FEPORT OF RECEIPTS AND DISBURSEMENTS



Name of Candidate	DOLEAC		Secretary of State
Address POBEX 655		County_FORR	SI DATESTAND
Telephone Work 401- 544- 20	Home <u>601-</u>	268-6890 Fax lo	01-544-2614
Contact Name Row LD DOLE	Ema	il Address <u>MR Dole</u>	ALB ACT DOOR, COM
Office Sought CHANCERY Con	IRT JUDGE DIS	TRICT 10 PLACE	<u>E 1</u>
Check here if a : ove is differen	t from previous report		
May 10, 2010 Periodic Report	(January 1, 2010, through	April 30, 2010)	Mandatory
A CONTRACTOR OF THE RESIDENCE OF THE RES			Mandatory
			Mandatory
October 10, 2010 Periodic Re			
October 26, 2010 Pre-Election	Report (October 1, 2010,	through October 23, 2010)Mandatory
November 16, 2010 Pre-Runo	ff Report (October 24, 201	0, through November 13,	2010)Runoff Candidates
January 10, 2011 Periodic Report (Candidate campaign expenditures and ha	e will no longer accept cor	ntributions or make R	Mandatory dequired to terminate reporting bligations
	IMPORTA	INT	
(1) Pre-Election reports are mandatory, shall submit a report indicating "0"	even if no contributions or	expenditures have occurre	ed. In such case, the candidate expenditures during this period.
Until a Candidate files a Termination Ann. § 23-15-807 (b) (ii) and (iii).	•		
(3) The receiving authority must be in a falls on a weekend or a holiday, the day before the deadline. Faxed rep	office must be in actual red	d reports by 5:00 p.m. on the ceipt of the required reports	e reporting day. If the deadline by 5:00 p.m. on the first working
REP	ORTED CONTRIBUTION	ONS AND DISBURSE	MENTS
Jt.	emized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	s	\$

I certify that have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Total amount of disbursements \$ 44

Total amount of cash on hand

Authority: Refer to Miss. Code (un. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit recuired reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day ar t/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewi : e, State district, mulli-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 118, Jackson, MS 39205 or fax to 601-359-1499 or :01-576-2019.

2. Candidates for county-ide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or C⊙mmittee	· · · · · · · · · · · · · · · · · · ·	of
	through 10- 26- 2010	

ITEMIZED DISBURSEMENTS

I MAGE SIGNS & NEON INC	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 311" SOVIN 25" AVE	10 1 12 2010	\$ 1936,70
City, State, ZIp Code HATTIES DVRG MS 3540		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1936.70
SIGNS FIRST	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 4400 HARAY ST	10 1 19 1 2010	87.42
City, State, Zip Code HATTIES BURG MS 39402	10 121 12010	\$ 130.59
Purpose of Disbursement (Optimal)	Aggregate Year-to-date	s 218.01
C. Full name COMMITTEE TO ELECT ROWALD DOLFACE	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address POBity 1174	10 1 19 1 2010	\$ 500.00
City, State, Zip Code HATTIES AVEG NS 39403	10 126 12010	\$ 1500.00
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 2000.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Opticnal)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	_/_/_	\$
City, State, Zip Code		\$
Purpose of Distjursement (Optic nal)	Aggregate Year-to-date	\$
F. Fut! name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	_/_/_	\$
Purpose of Disbursement (Optic nal)	Aggregate Year-to-date	\$